

## MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

## APPLICATION FOR AUTHORIZATION TO CERTIFY LOSS RESERVES AND LOSS EXPENSE RESERVES FOR CAPTIVES (\_\_\_\_\_\_)

To the Director of Insurance Financial Institutions & Professional Registration, Jefferson City, Missouri, I hereby apply for authorization to certify as to the adequacy of loss reserves and loss expense reserves as required by the Captive Insurance Financial Regulations.

| certify as to the adequacy of ic                                  |   | erves as required by the o       | aptive insulance i mancial riegulations.                         |     |
|---|---|----------------------------------|--|-----|
| <b>INDIVIDUALS ONLY MAY AP</b>                                    | PLY   |                                  |  |     |
| 1. FULL LEGAL NAME  |   | 2A. DATE OF BIRTH                | 2B. SOCIAL SECURITY NUMBER                                       |     |
| 3. RESIDENCE ADDRESS  |   |                                  |  |     |
| EDUCATION AND DEGREE (LIST ALL ED EXAMS COMPLETED IF NOT A FELLOW |   | DRESSES ON ADDITIONAL SHEETS, IF | NECESSARY. INDICATE MAJOR CONCENTRATION AND ACTUAR               | IAL |
| HIGH SCHOOL   |   |                                  |  |     |
| COLLEGE   |   |                                  |  |     |
| GRADUATE OR PROFESSIONAL  |   |                                  |  | _   |
| 5. MEMBER OF PROFESSIONAL SOCIETIE                                | ES OB ASSOCIATIONS (LIST)   |                                  |  |     |
| 3. WEWBER OF PHOFESSIONAL SOCIETIE                                | .S ON ASSOCIATIONS (LIST)   |                                  |  |     |
| 6. PRESENT CHIEF OCCUPATION                                       |   |                                  |  |     |
| POSITION OR TITLE - HOW LONG?                                     |   | EMPLOYER NAME                    |  |     |
| ADDRESS   |   |                                  |  |     |
| HOW LONG WITH THIS EMPLOYER?                                      |   | WHERE?                           |  |     |
| 7. OTHER JOBS, POSITIONS, DIRECTORA                               | TES, OR OFFICERSHIPS CONCURRENTLY HEL   | D AT PRESENT                     |  |     |
| COMPLETE EMPLOYMENT RECORD FO                                     | DR PAST 20 YEARS:   |                                  |  |     |
| PLEASE ATTACH   |   |                                  |  |     |
| 9. INDICATE PROPERTY AND CASUALTY I                               | LOSS RESERVE AND LOSS EXPENSE RESERVE   | EXPERIENCE (ADD ATTACHMENT AS    | S NEEDED)  |     |
| 10.LIST THE MISSOURI CAPTIVE ACCOUN                               | T(S) YOU WILL BE CERTIFYING (AD AD  |                                  |  |     |
|   | MENT OF OPINION RELATING TO LOSS AND LO<br>LLOWING AREAS. INDICATE BY AN X WHICH AF |                                  | ES FOR A CAPTIVE INSURANCE COMPANY, AN APPLICANT MUS             | ST. |
|   |   |                                  | ss and loss expense reserve experience.                          |     |
|   |   |                                  | perty and casualty loss and loss expense                         |     |
| reserve evaluation exper  |   |                                  |  |     |
| ☐ property and casualty lost for:                                 | ss reserve specialist with at least t   | en years of experience, thr      | ee of which shall have included responsibility                   |     |
| =   | vel or a significant portion of the o   | verall reserve level; or         |  |     |
| <ul> <li>qualifying overall rese</li> </ul>                       | erves or a significant portion of over  | erall reserves; or               |  |     |
| the prospective evalu   | ation of the reasonableness of the  | overall reserves or a signi      | ficant portion of the overall reserves.                          |     |
|   | ses to the above are true and comp  |                                  | inderstand all of the requirements and provisio<br>FEE REQUIRED) | ns  |
| SIGNATURE   |   |                                  | DATE   | _   |
| NOTARY  |   |                                  |  | _   |
| NOTARY PUBLIC EMBOSSER OR   | STATE   |                                  | COUNTY (OR CITY OF ST. LOUIS)                                    | _   |
| BLACK INK RUBBER STAMP SEAL                                       |   |                                  |  |     |
|   | SUBSCRIBED AND SWORN BEFORE ME, THIS  |                                  |  |     |
|   | DAY OF  | YEAR                             | USE RUBBER STAMP IN CLEAR AREA BELOV                             | N.  |
|   | NOTARY PUBLIC SIGNATURE   | MY COMMISSION<br>EXPIRES         |  |     |
|   | NOTARY PUBLIC NAME (TYPED OR PRINTED)   |                                  | _  |     |
|   |   |                                  |  |     |